

Welcome!

In 1990, the United States Congress enacted the Breast and Cervical Cancer Mortality Reduction Act. To fulfill the requirements of this act, the Centers for Disease Control and Prevention (CDC) created the National Breast and Cervical Cancer Early Detection Program. This nationwide program targets those most at risk for breast cancer incidence and mortality and for cervical cancer mortality and the least likely to participate in regular screening -- women 50 years and above.

In 2002, a new component of Every Woman Matters was established. This new component, also administered by CDC, is called WISEWOMAN (Well Integrated Screening and Evaluation for Women Across the Nation). This program provides cardiovascular and diabetes screening services. The new component screens women 40-64 for cardiovascular disease and diabetes, assists clients with coordinating follow-up diagnostic services as needed, and helps provide lifestyle interventions that are intended to reduce or prevent risk factors for cardiovascular disease.

In Nebraska, three out of four new breast cancers are diagnosed among women 50+ and 90% of the breast cancer deaths occur in this age group. While the majority of cervical cancers are diagnosed among younger women, 70% of those who die from cervical cancer are 50+. (*Data Sources: 2005 Nebraska Cancer Registry and 2005 Nebraska Health and Human Services System Vital Statistics*)

Heart disease is the leading cause of death among women in Nebraska. Diabetes is the seventh leading cause of death and a major contributor of heart disease. Both diseases are more common as causes of death among women of color, particularly African American and Native American women. Risk factors of heart disease that can be controlled through a person's lifestyle include obesity, lack of physical activity, and tobacco use. Prevalence of overweight and obesity increases with age, over 50% of Nebraska women 40-49 years of age are considered obese or overweight, for women 50-64 it now exceeds two-thirds (66%). (*Data Sources: 2007 Nebraska Behavioral Risk Factor Surveillance System and 2005 Nebraska Health and Human Services System Vital Statistics*).

As a part of this national program, the Early Detection of Breast and Cervical Cancer and WISEWOMAN Programs help remove barriers to breast and cervical cancer screening, cardiovascular screening and diabetes screening. The program addresses the needs of older, low- to moderate-income, uninsured or underinsured women in accessing affordable, quality breast and cervical cancer screening, cardiovascular screening and diabetes screening. At the same time, the program educates women about the early detection of breast and cervical cancer, the prevention of cardiovascular disease and diabetes and offers programs that help women make lifestyle changes to prevent or reduce their risks for cardiovascular disease and diabetes.

These programs are unique partnerships between public and private health and community agencies and volunteers. The programs are administered by the Nebraska Department of Health and Human Services. Screening services are obtained at participating healthcare provider facilities across the state. The program partners with many local agencies, contracted interventionists and case managers to provide community-based services and lifestyle interventions. These programs are great examples of Nebraskans working together to meet the health care needs of its citizens.

To make this manual easier to read, we'll use the common name of the combined programs - **Every Woman Matters** or **EWM**, and we'll abbreviate the Nebraska Department of Health and Human Services as **NDHHS**.

Within the Forms and Materials Section you will find copies of all the program forms for reference only. It may be useful to you to insert the actual forms in this section once you receive your manual.

Contractual Agreement

All healthcare providers in the state have an opportunity to participate in the Every Woman Matters Program. All healthcare providers agree to:

⊙ **Accept the fee schedule**

See the Compensation and Billing Section for a complete list of services and the program's reimbursement rates.

⊙ **Supply needed data about those screened**

The program attempts to interfere as little as possible with your facility's standard procedures while collecting important public health information about enrolled clients. This manual describes all documentation needed to participate in the program.

⊙ **Accept quality assurance standards**

Standards include FDA certification, CLIA '88 certification and other program standards.

⊙ **Sign a one-page contract**

The simple one-page contract allows healthcare providers to participate in the EWM program by agreeing to follow procedures described in each direct service program's provider contract manual.

⊙ **Submit for reimbursement of procedures according to program guidelines**

Procedures are reimbursed for enrolled clients according to the guidelines set by the program's funder, the Centers for Disease Control and Prevention. These guidelines are designed to meet the greatest public health need.

⊙ **Participate in financial and program clinical review** to meet quality assurance requirements, including scheduled site visits by NDHHS staff.

⊙ **Maintain professional liability insurance** to cover the services provided.

⊙ **Assure staff participation in professional continuing education** and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.

⊙ **Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration** to practice their profession or occupation as required by state statutes.

⊙ **Maintain appropriate state and federal occupational and facility licenses and certifications** required to perform the services provided.

⊙ **Assure to the extent practicable that each patient with abnormal findings receives appropriate treatment and follow up either on site or through referral. Clinics must make three (3) attempts to ensure follow up in a timely manner.**

⊙ **Adhere to Screening Guidelines and other policies set forth in this manual.**

⊙ **Utilize only the contracted providers for referral.**

⊙ **Discuss with client the services that are not covered by EWM and how those services will be paid for.**

Service Agreement

This section describes Every Woman Matters (EWM) screening guidelines. These guidelines are designed to meet the greatest public health need, and are set by the program's funder, the Centers for Disease Control and Prevention. **EWM reimburses for procedures within these guidelines for enrolled clients.**

Routine screening services are not available to clients enrolling for diagnostic services unless they are at least 40 to 64 years of age at the time of enrollment.

For more information on documentation and reimbursement see Screening Guidelines Section.

Breast Cancer Screening Guidelines

Breast Self-Exam

During each screening visit, all EWM clients should be assessed through direct observation for proficiency and, if needed, receive instruction in the proper techniques for performing monthly breast self-exam.

Clinical Breast Exam

All EWM clients should receive a clinical breast exam during each screening visit. All clients who are referred for a screening or diagnostic mammogram should have a clinical breast exam, in conjunction with mammography. (See Policy 10 B-5)

Clinical Breast Exams for Short-term Follow Up

Any EWM client, 40 through 64, may receive a short-term follow up clinical breast exam after a suspicious finding to assess the stability of a breast mass found on routine screening. (Clients under 40, who were not enrolled prior to July 1, 1997, are not eligible to receive a short-term follow up exam).

Screening Mammography

- ⊙ 50 years and above - annual screening mammograms
- ⊙ 40-49 years - a screening mammogram every one to two years
- ⊙ Under 40 years - no screening mammogram

Healthcare providers are reminded that **screening mammography is not reimbursable for clients under 40 years of age or over the age of 64.** All clients who are referred for a screening or diagnostic mammogram should have a clinical breast exam, in conjunction with mammography. (See Policy 10 B-5)

Mammography for Short-term Follow Up

EWM clients **40 to 64 years** may receive short-term follow up diagnostic mammography after a mammographic finding of probably benign, short-interval follow up indicated (PBF).

Guidelines for diagnostic mammography are strictly adhered to for reimbursement. Healthcare providers are reminded that neither screening nor diagnostic mammography is reimbursed for clients under 40 years of age regardless of personal or family history.

Breast Cancer Diagnostic Guidelines

Diagnostic Mammography

The Centers for Disease Control and Prevention (CDC) recommends that every client 18 years of age and older with a suspicious clinical breast exam be referred to a surgeon.
(See Policy 10 B-4)

Diagnostic mammography is not a covered service for clients 18-29.

EWM clients **30-39 years** must meet the following criteria:

- ⊙ Healthcare provider needs to have performed a Clinical Breast Exam
- ⊙ Palpable breast mass that is clinically suspicious for malignancy

EWM clients **40 to 64** must meet the following criteria:

- ⊙ Mammographic findings of:
 - ⊙ Suspicious Abnormality
 - ⊙ Suggestive of malignancy
 - ⊙ Assessment Incomplete
 - ⊙ Unilateral breast signs and symptoms that are clinically suspicious for malignancy

It should be emphasized that a normal mammogram at any age does not eliminate the need for further evaluation of a palpable mass. Clinical breast exams documented by an EWM healthcare provider as suspicious for malignancy must have further work-up regardless of screening or diagnostic mammography results. (See Policy 10 B-3)

Breast Ultrasonography

Breast ultrasonography is not an appropriate tool for routine breast cancer screening, nor is it a reliable tool for the diagnosis of cancer. Therefore, EWM reimburses for breast ultrasound for clients 40 to 64 years after a clinical breast exam or mammogram has been performed and the results indicate a need for further diagnostic intervention.

Reimbursement for breast ultrasound ordered by any clinician needs **preauthorization** for clients under the age of 40, **except** when recommended by a radiologist following a diagnostic mammogram in clients 30-39. **Preauthorization** of breast ultrasound approval is based on funding availability. Clinic staff are required to submit preauthorization information found on page 4 of the Breast Diagnostic Enrollment / Follow Up and Treatment Plan for Women 18-64. (See Policy 10 B-4)

Breast ultrasound is reimbursed for clients **40 to 64 years and above** when a palpable mass has been detected through clinical breast exam and the breast ultrasound is used to:

- ⊙ differentiate solid from cystic masses
- ⊙ further evaluate palpable abnormalities; for example, a diffuse, poorly defined thickening or parenchymal irregularity

Breast ultrasound is reimbursed for clients **40 to 64 years** when it completes the evaluation of the following mammographic results:

- ⊙ suspicious abnormality
- ⊙ highly suggestive of malignancy
- ⊙ assessment incomplete

Clients 18 through 64:

Fine Needle or Cyst Aspiration of the Breast

Fine needle or cyst aspiration is a useful extension of the clinical evaluation of a palpable breast mass. The decision to perform fine needle or cyst aspiration of the breast alone or ultrasound-guided should be made in consultation with the client's healthcare provider, surgeon and/or radiologist.

Breast Biopsy

Breast biopsy may be done on an outpatient basis to reach a definitive diagnosis for palpable and non-palpable masses found during client's breast exam or radiological exams.

Cervical Cancer Screening Guidelines

Pap Test with Liquid-Based Cytology or Conventional Cytology

EWM clients 18 through 64 years of age with an intact cervix or having had a hysterectomy due to cervical cancer are eligible for pelvic exam in conjunction with Pap test with liquid-based cytology or conventional cytology biennially (every 2 years). Pelvic exam is only reimbursable when done as part of an office visit in which the client receives a Pap test and/or a clinical breast exam.

In order for EWM to reimburse every year for a conventional or liquid-based Pap test, client must meet one of the following criteria:

- o Most recent Pap test was abnormal (ASC-US or greater)
- o Compromised Immune System (from HIV infection, organ transplant, chemotherapy or chronic steroid use)
- o Intrauterine DES exposure
- o History of Invasive Cervical Cancer

Not reimbursable for women under 40 entering for diagnostic services only.

Pap Test for Short-Term Follow-Up

Refer to the American Society for Colposcopy and Cervical Pathology (ASCCP) “2006 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.” If the 2006 ASCCP Guidelines indicate cytology at 6 months and 12 months **OR** HPV testing at 12 months, EWM will **ONLY** pay for HPV testing at 12 months. (See Policy 10 C-7). See algorithms in Cervical Protocols Section of this manual.

Not reimbursable for women under 40 entering for diagnostic services only.

Colposcopy and Colposcopy –directed Biopsy

See Cervical Diagnostic Enrollment/Follow Up and Treatment Plan Form in the Forms Section on page 11-4 for allowable program reimbursement based on the 2006 American Society for Colposcopy and Cervical Pathology (ASCCP) Cervical and Histological Guidelines.

Women under 40 should be enrolled with the intent to receive colposcopy-directed biopsy to reach a definitive diagnosis.

Cardiovascular Screening Guidelines

Screening information to be collected and analyzed annually by the healthcare provider for clients 40-64, according to guidelines, include:

- ⊙ Blood pressure (**two readings** are required during visit)
- ⊙ Lipid panel (specifically recording total cholesterol, HDL-cholesterol, LDL-cholesterol, and triglycerides) in **fasting state**
- ⊙ Blood glucose alone or as part of the basic metabolic panel in **fasting state**
- ⊙ Height and Weight measurements **with shoes off**
- ⊙ Health Risk Assessment
- ⊙ A1c **instead of** blood glucose if client previously diagnosed with diabetes

Note: It is expected that if client has elevated blood pressure at the time of screening that a basic metabolic panel is done as opposed to glucose alone.

All clients must receive an initial baseline screening. At the initial screening visit for cardiovascular and diabetes, the clinician should:

- ⊙ Measure the client's blood pressure (**twice**), blood cholesterol (including total-cholesterol, LDL-cholesterol, HDL-cholesterol, and triglycerides), blood glucose, height and weight (**with shoes off**), and waist circumference.
- ⊙ Review the client's answers on the Health Risk Assessment section of the Screening Visit Card. Client must complete this on Screening Visit Card prior to or at time of visit.
- ⊙ Record the screening results on the Screening Visit Card on the Screening Results and Information section (if lab results are not available immediately, they should be recorded when available and a letter sent to the client notifying her of the results).
- ⊙ Counsel the client on her screening results, including the clinician's interpretation of these results, in combination with the self-reported Health Risk Assessment information. The client should understand her level of risk for cardiovascular disease.
- ⊙ Notify the client that she may be contacted by a Program representative via phone or postal mail to determine the most appropriate lifestyle intervention(s) for her. See the Cardiovascular Screening Protocols Section for information on EWM intervention options.

The Screening Visit Card must be submitted to EWM for data collection and in order to receive payment.

Note: CVD follow up tests are not covered by EWM.